

HOW TO DEFINE STRESS URINARY INCONTINENCE SUCCESS AFTER AN ANTI-INCONTINENCE PROCEDURE IN REAL LIFE PRACTICE: SHOULD YOU TRUST THE PATIENT REPORT OR THE QUESTIONNAIRES/PAD USAGE INFORMATION?

Hypothesis / aims of study

To compare the correlation of UDI-6 Question 3 related to stress urinary incontinence (SUI), pad usage, and quality of life based on a visual analogue scale (VAS) with the patient's self-reported "dry" status in women following a vaginal native tissue repair to correct SUI secondary to anterior vaginal wall mobility. [1]

Study design, materials and methods

Two physicians not involved in patient care independently reviewed the electronic medical records of non-neurogenic women who underwent an anterior vaginal wall suspension (AVWS) alone for stress urinary incontinence (SUI) with associated early grade cystocele. Using the last visit assessment, 3 subjective OMs (UDI-6 Q3 related to SUI, a global quality of life score (QoL), pad usage) were compared to patient's self-reported "SUI dry" (no or rare SUI) status. For the OMS, SUI success or "dry" status was defined as UDI-6 Q3: 0 (none) or 1 (rarely), QoL \leq 3 (scale 0, pleased to 10, terrible), 0-1 daily pad usage.

Results

Of 319 women who underwent AVWS only between 2004-2014, 73 met study criteria of completely dry by self-report. (Fig. 1) Except for one chart that was ultimately excluded, the 2 reviewers consistently agreed. Demographics included a mean age of 60.2 ± 10.9 (range: 35-81), and 90% were Caucasian. Mean follow-up from AVWS to last visit at which the OMS were administered was 3.9 years (0.5 – 17.8). Of the women "dry" by self-report, 54 (74%) of women replied 0 or 1 on UDI-6 Q3, 55 (75%) reported a QoL \leq 3, and 72 (99%) used 0-1 pads daily. (Chart 1) Out of the 54 women with 0 or 1 on UDI-6 Q3, 47 (87%) also scored QoL \leq 3, while 11/19 (58%) with 2 or 3 on UDI-6 Q3 scored QoL $>$ 3.

Interpretation of results

Pad usage had the best correlation with self-reported dry status, followed by UDI-6 question 3 and QoL scores. In real life practice, the lack of pad usage could be considered as a surrogate for complete dryness. Questionnaires, even when validated, do not always offer the best correlation with a patient self-reported status, even among those who consider themselves completely dry. Admittedly this is a strict outcome as some who view themselves dry will admit to continue wearing a pad "just in case".

Concluding message

Pad usage (0-1) correlated best with patient self-reported dry status after an AVWS procedure. The three OMs selected in this study can be easily queried during a phone interview or a face-to-face office visit and could strengthen the quality of outcome data in the field of SUI beyond simple patient self-report.

Figure 1. Patient selection.

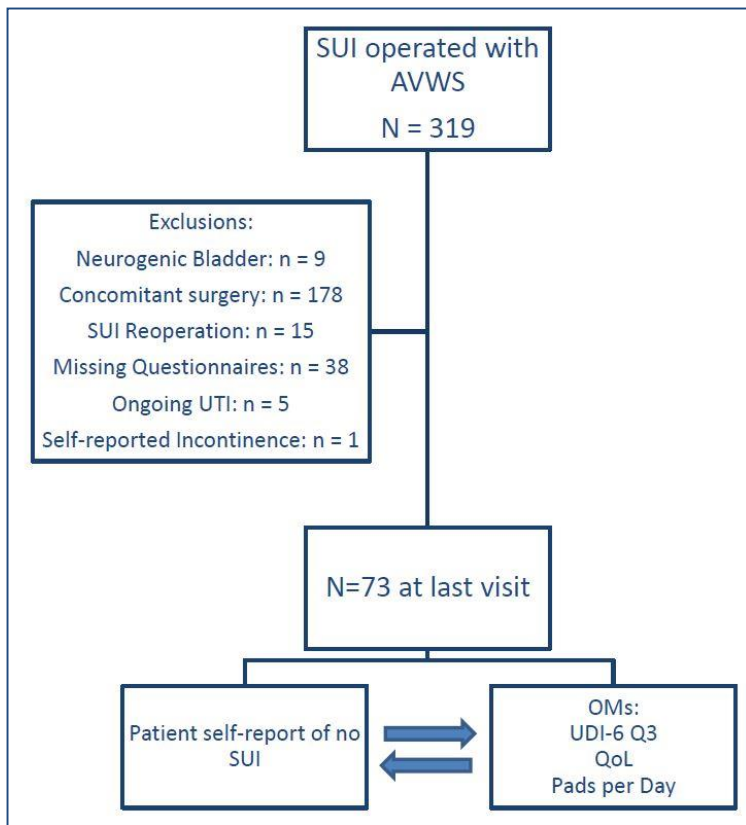
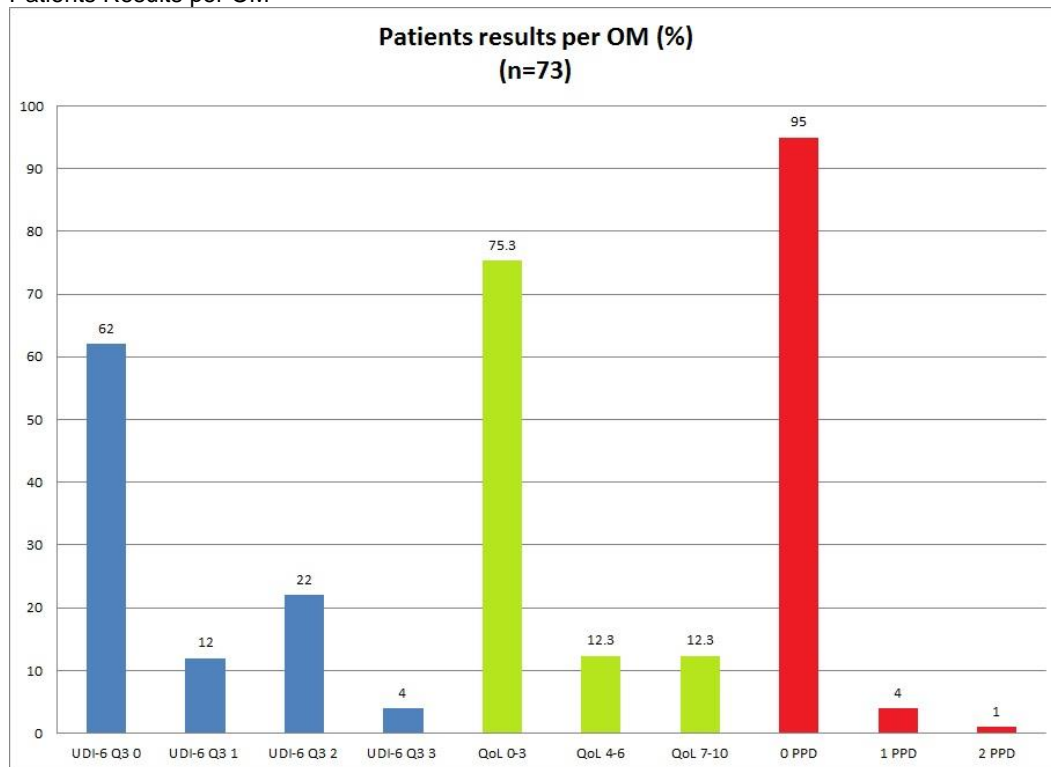


Chart 1. Patients Results per OM



References

1. Takacs E, Zimmern PE: Role of Needle Suspension, Chapter 32 in: Female Urology. Edited by L. Rodriguez and S. Rax. Saunders Elsevier, Philadelphia, PA 2008

Disclosures

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